

REQUEST FOR APPROVAL OF OTHER EMPLOYMENT

Instructions: Employees requesting approval for other employment should provide the information requested in Sections 1 through 5, sign and date the form in Section 7. Additional information concerning requested employment should be placed in the Remarks Section of the form. Endorsing and Final Authority officials should fill in Sections 8 and 9. One copy of this form is to be provided to the employee, one copy maintained by the Approving Authority, and the original will be placed in the employee's Official Personnel Folder.

1. TO: (Final Authority)	3. POSITION TITLE AND GRADE OF EMPLOYEE
THROUGH: (Supervisor)	4. EMPLOYEE ADDRESS
2. FROM: Employee Name (Last, first, middle initial)	

PRIVACY ACT STATEMENT

AUTHORITY: The authority to collect information on this form is derived from Title 5 of U.S. Code, Section 301.

PURPOSES AND USES: The information you supply will be used principally to determine whether your outside employment is compatible with the full and proper discharge of the duties and responsibilities of your Federal employment. A copy of this form will be filed in your Official Personnel Folder.

EFFECTS OF NONDISCLOSURE: Although the disclosure of this information is voluntary, failure to furnish information may result in disapproval of a request to engage in outside employment. Falsification of a request for approval of outside employment may be grounds for disciplinary action.

OTHER EMPLOYMENT

5a. BUSINESS NAME	5b. BUSINESS ADDRESS	
5c. TYPE OF BUSINESS (Manufacturer, accounting, etc.)	5d. EMPLOYMENT HOURS	5e. AVERAGE HOURS PER WEEK
5f. DESCRIPTION OF YOUR POSITION IN BUSINESS (include duties and responsibilities)		

6. REMARKS

7. EMPLOYEE SIGNATURE		DATE	
8. ENDORISING AUTHORITY		9. FINAL AUTHORITY	
SIGNATURE		SIGNATURE	
TITLE	DATE	TITLE	DATE
RECOMMENDED ACTION		AUTHORITY ACTION	
		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	